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MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	LEGISLATOR INFORMATION	
Name Petricia B.	Sutherland	Member of:  ☑ House ☐ Senate
Mailing address 1736 Chap	man Rd	District
Name Petricia B.  Mailing address  1734 Chap  City, zip code Chapman	04757	Phone 164-1490
PART 1. INCOME	DERIVED FROM EMPLOYMENT BY ANOT	그 얼마를 몰았다. 하는 뭐 그 그리고 하다가 그리죠?
List the name and address of each employ principal type of economic activity of each em	er from whom you received compensation on ployer.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
	NA	
4		
2. 2. 2.		
	OME DERIVED FROM SELF-EMPLOYMENT Legislators who are self-employed.)	
A. List the name and address of your busi derived income. If associated with a partner areas of economic activity of that entity.	ness, if any, and list the major areas of ecceship, firm, professional association, or simila	onomic activity from which you are business entity, list the major
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:	NA	
Name: Address:	The second secon	
	-	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)	
B. List each source of income derived from self-employment that represents more than 10% of your gross income or \$1,000, whic is greater, and specify the principal type of economic activity of the entity or person from whom you derived such income. If this for disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principal type of economic activity or person from whom the income was derived.	orm o
Principal Type of Econon  Name and Address of Source Activity of Entity or Person is the Source of the Incor	Who
Name:	1.
Address:	**************************************
Name: Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm.	
Name and Address of Firm  Major Areas of Practice Major Areas of Practice (firm)	ctice
Name: Address:	
Name:	ha <del>n</del> zantaa esaa
Address:	
PART 4. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of this form. Do not include gifts. If none, check the box.	
None	· · · · · · · · · · · · · · · · · · ·
Name and Address of Source Kind of Income (investments, leases, etc	c. <u>)</u>
Name: Maine State Kotinement System Reusin  Address: Avaite Mt	
Address:  Address:  Address:	
PART 5. REPORTABLE LIABILITIES	- 3
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the reporting period, and list the rareas of economic activity of each creditor. Do not list loans from a relative. If none, check the box	major
None	Aligno e-color
Name and Address of Creditor Principal Type of Econom Activity of Creditor	IIC
Name:	
Address:	PPT T / CARONA
Name:	
Address:	•
PART 6. REPORTABLE GIFTS  List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more than \$300 from a single source.	re If
none, check the box	July
Name of Source of Gift  Name of Source of Gift  Name of Source of Gift	
1.	
2. 4.	1 . = 12

PART 7. REPORTA				ŽŽ	30 Y
List the source of any honoraria accepted for appearances or speech	hes related to	your of	fficial duties. If none, check the	ne box.	······································
None	Arrania de 18	· · · · · · · · · · · · · · · · · · ·	and the second s	N 1270 Taylor confirmation	
Name of Source of Honoraria	· · · · · · · · · · · · · · · · · · ·	li D	Name of Source of Honoraria	4 terms on the allocation has been	**************************************
1.	3.				
2.	4.	TO THE STATE OF A STATE AND ADDRESS OF THE STATE OF THE S	**************************************	adam on other will did not on a comment of the	MA. STARROGORIUM APPROXI
PART 8. REPRESENTATION					
List each executive branch agency before which you represented o the box.	r assisted otl	hers for	compensation of any amour	it. If none,	check
None	-	7. Z. P. St. o. &		N. S. Te w	COM Billion Communication or
Name of Agency			Name of Agency		mester (migrates as a
1.	3.	The state of the s	million men engant ang	and the state of t	addinistration sites
^	-	The second of th	VI TO ALAS	The state of the s	
2.	4.				
PART 9. BUSINESS W	TH STATE	AGEN	CIES		
List each executive branch agency to which you or a member of you				alue in exc	ess of
A privote during the reporting period. If hone, check the box.		·····		M	··········
Name of Agency					ommentation (1,757,751)
A			Name of Agency		ninia
	3.		1 · · · · · · · · · · · · · · · · · · ·		
2.	4.		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA	
			W F x x x 3 F F 2		
PART 10. INCOME RECEIVED BY M	EMBERS C	FIMM	EDIATE FAMILY		
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	ne or \$1,000 Do not inclu	or more ide gifts	e received by your spouse or c. Circle "S" for income received	dependent ed by spou	: child use or
Type of Economic Activity Representing Source of Income Receive	4 @ : : :	ircle	27.54		eg <del>erataria</del> et
	edi, appr Lii i ii je	opriate itter	Kind of Incor	ne	
1.	s	D		one committee or an in the constraint of the con	and and an arrival of the second
2.	s	<u> </u>			
2.	<u> </u>	D			
3.	S	D	: :		
4.	S	D	The second of the second secon	onement (S. 1927 - A. Standardson, Statistical Statist	
	<u> </u>		:		
SIGNAT	URE				
A Legislator who willfully fails to file a required statement is subj	ject to a fine	e of \$10	0 per business day until th	e renort is	filed
1 M.R.S.A. § 1017-A)		· • ·	, in a service of a control of	c report is	meu.

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A.§/1019)

Signature

Date

NAME:	DATE:
ADDRESS:	
	ADDITIONAL INFORMATION
Please provide information you	any additional information below (and on additional sheets if needed). Indicate the part or section number for the
Part/Section Number	
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